# Recruitment Strategies for Microbicide Trials

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### RECRUITMENT

- What makes a good Microbicide Participant?
- MSM population what we know and what to keep in mind when designing trials
- Community outreach, engagement and trust-building

### RECRUITMENT

- Pre-screening process (best practices)
- Concierge Service its affect on retention, continued participation and participant referrals
- Recruitment in the social media/hightech age
- Questions/Comments

# **Participant Profile**

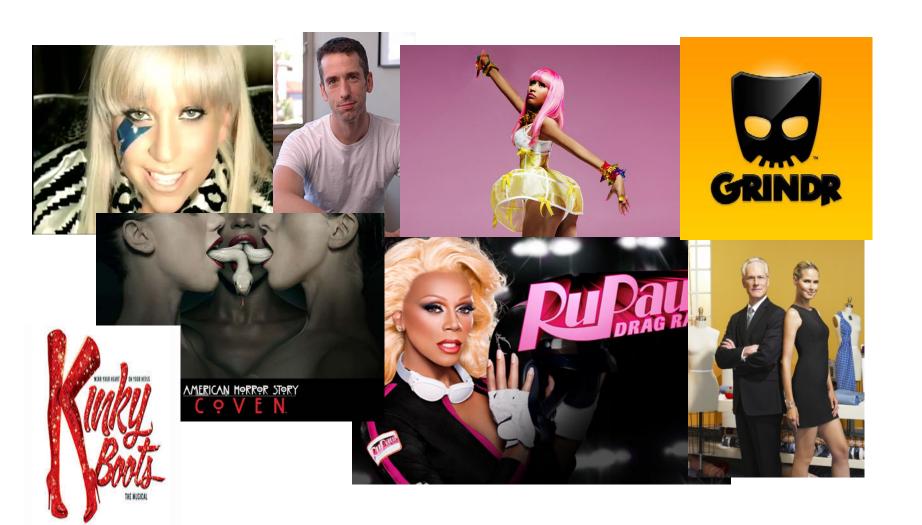
- The "right" participant does not have a certain look - they vary by:
  - Race
  - Age
  - Socio-economic status
  - Education
  - Background

# **Good Trial Participants**

- The "right" participants have common characteristics:
  - They ask thought-out questions
  - They understand the purpose of the study, and can explain it back to you (and their friends)
  - They understand what is required of them and why
  - They are genuinely interested and motivated by altruism (even if they are motivated by compensation as well)

<sup>\*</sup>Flyers/ads state "compensation will be provided" but no actual amount is listed

# The MSM Population



# Recruitment Challenges

- Highest HIV prevalence (especially in minorities);
- Varied definitions of "relationship" (friends with benefits, primarily monogamous but in open relationships, rules/boundaries); these relationships define condom usage;
- They can be "functional" substance abusers (maintain work, school, activities);

# Recruitment Challenges

- Rapid HIV testing can harm this population's perception of their own risk;
- The more confidence they have, the more empowered they are in taking control of their sexual health;
- The more support they have (particularly family) the overall better choices they make;
- PrEP not so easily embraced ("Truvada Whore" stigma, cost).

# Things to Consider

- Sexually active timeline 30 days since last receptive anal intercourse not realistic.
   Increase this window to 60 or 90 days;
- Flexible clinic hours, if possible early morning/afternoon/evening;
- Substance abuse criteria more than four drinks a week as an exclusion criterion alienates the very population at risk.

# Things to Consider

- Utilizing Smartphones for self-report, surveys, reminders;
- If diagnosed with GC/CT, allow them to get treated then re-screen;
- Offer unique health screenings, vaccinations (HPV, Hepatitis) as bonus compensation for study participation.

# **Community Outreach**

- BARRIER May be wary of trusting researchers, especially black and ethnic minority MSM.
- SOLUTION Recruiters must repeatedly involve themselves in the population's culture such as ball scene, bars/clubs, events, and activities.

# **Managing Concerns**

- BARRIER Fear of invasive procedures (rectal exams, needles, biopsies).
- SOLUTION Having honest and frank discussions of what's involved, explaining risks/benefits and giving them a tour of clinic prior to enrollment in studies helps ease concerns.

# **HIV Stigma Issues**

- BARRIER Fear of knowing their HIV/STI status (stigma, privacy).
- SOLUTION Explaining reporting laws regarding HIV/STI but assuring them they will know their status first. Empower them with community connections should they test positive and touch base to see how they are doing. Treat them as "human"; not a human subject.

### **Cultural Barriers**

- BARRIER Each culture has their own barriers we need to consider in regards to their participation in HIV prevention research.
- SOLUTION Listen. Don't be dismissive ("Well you have anal sex so what's the big deal with a rectal exam?").

# **Pre-Screening**

- Participants are pre-screened by study staff (recruiter) who is culturally competent and familiar with study protocol
- Phone screens include an explanation of the study focusing on time commitments and participant expectations
- Eligibility criteria are reviewed

# **Pre-Screening**

- Increased detail in phone screen helps identify most appropriate participants
- Respond to inquiries within 24 hours, if possible (strike while iron is hot)
- Schedule pre-screen interviews to avoid "phone tag"

### Informed Consent

#### **Visual Informed Consent "Cheat Sheet"**



#### Screening Visit: (about xxx hour)

about using them

- •Review a consent form
- Complete paperwork
- Physical exam
- Rectal exam
- •STI and HIV tests

Tenofovir is a medication which is experimental for HIV prevention. This means we do not know if it works to protect against HIV. It may cause burning or soreness in the genital area and pain in the pelvic area.

Truvada is a pill taken for HIV prevention. The most common side effect is nausea/upset stomach

Gel With Sex

Daily Truvada Pill

Daily

Rectal

Tenofovir

4 weeks product use

#### Middle Visit:

- •HIV Test
- Rectal Sponges (Anoscope)
- Return and Receive Product

4 weeks product use

#### End Visit:

- HIV Test
- •Computer Questionnaire
- •Rectal Biopsies (Flex Sig)
- Rectal Sponges (Anoscope)
- Blood and STI testing
- Return Product

After a screening visit you will try three sets of pills and gels for 8 week each. During each of these eight week periods you will have 3 visits (beginning, middle, and end)

test results. Blood draw may cause pain, bruising, or dizziness.

Biopsies: Biopsies are pieces of tissue approximately the size of a pin head. These should not be painful. There is a small risk of damaging the rectum or causing irritation or infection. They may cause slight bleeding with bowel movements for 1-2 davs.

Enema: The tip of an enema bottle will be inserted into your anus, and about 4 ounces of fluid will be squeezed into your rectum. Holding and releasing this fluid may be uncomfortable

#### \*The first beginning visit

- Rectal Biopsies
- Blood draw: HIV Test
- Computer Questionnaire

# **Phone Interview Script**

- Specifics (principal investigator(s), where study is taking place)
- Why the study is being conducted
- Specifics regarding procedures being done (especially rectal/vaginal)
- Time/dedication required to do study
- Operation of clinic (when study visits can occur)
- Compensation

# **Phone Interview Script**

- Collection of personal information/how used/how protected
- Specific inclusion/exclusion criteria questions
- Contact information so appointment can be scheduled and how they heard about study (remember to ask if texting is alright)
- Sign, date and initial each page of the questionnaire

# Concierge Service

- Text (if participant agrees) to remind them of appointments. This has yielded high retention results. Texting is the preferred method of communication.
- Greet them. Meet them in the lobby.
   Introduce them to staff. Offer them a drink/snack. Make them feel welcomed and relaxed.

# Concierge Service

- The recruiter serves as the "hand holder" during the process. This is the person the participant feels comfortable with and can text/call if they have questions.
- Get to know your participants.
   Remembering details they share with you (example: a new relationship, a test or project) makes them feel special and more than just a "body" in a research study.

#### Results

- Retention Rates in completed & ongoing trials:
  - MTN-006/RMP-02 (100%)
    - 8 flexible sigmoidoscopies with biopsies
  - MTN-007 (100%)
    - 3 flexible sigmoidoscopies with biopsies
  - Project GEL Stage 2 (100%)
    - 3 sets of anoscopic biopsies
  - TMC-278 / ON Study (100%)
    - Multiple cervical/vaginal/rectal biopsies



### Recruitment & Social Media

- Use of current social media and technology -(Craigslist, MSM chat/date sites, Facebook, Twitter, smartphones)
  - Craigslist has been highly effective, whereas Facebook/Twitter have not.
  - MSM dating sites limited marketing potential but can produce interest.
  - Popularity of MSM dating sites vary by geographical location.

# Advertising





race car Warhol painted in 1977 will be on display that night!

If you're gonna come... call 412-383-1313 (if we know by the 6th it helps us plan the food)



## **Thank You**

